

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029168

FILED VS JUN 26 1960

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b 5 days		c. CITY OR TOWN Saint Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4405 Vista		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Arlee Last Triplett				4. DATE OF DEATH Month July Day 11 Year 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-6-1960	
9. AGE (last birthday) NB		IF UNDER 1 YEAR Months 5 Days 5 Hours 5 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (City and state or country) Normandy, Missouri		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Lehamon Harmon Triplett		13b. MOTHER'S MAIDEN NAME Edna Belle Cook	
14. NAME OF HUSBAND OR WIFE Infant		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Infant		16. SOCIAL SECURITY NO. Infant		17. INFORMANT Address Mrs. Edna Triplett-4405 Vista	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Deferred for Autopsy Report Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 9:35a. Month, Day, Year 7-6-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 9553 Lochloch Rd	
20g. COUNTY St. Louis		20h. STATE Missouri		21. I attended the deceased from 7-6-60 to 7-11-60 and last saw her alive on 7-11-60 Death occurred at 9:35a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Marjorie L. Richardson (Degree or title)		22b. ADDRESS 9553 Lochloch Rd		22c. DATE SIGNED 7-13-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/13/60		23c. NAME OF CEMETERY OR CREMATORY Church of Christ Com. Marston, Ill Mo		23d. LOCATION (City, town, or county) (State) St. Louis, Mo	
24. FUNERAL DIRECTOR Brimmer Funeral Home House Springs		24a. ADDRESS MO		25. DATE RECD. BY LOCAL REG. 7-13-60		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Gann Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.